



Coordinated by *Comunidades Unidas* www.cu.utah.org (801) 955-9884 & funded by the Utah Department of Health, Center for Multicultural Health

Data/Research Committee Minutes

DATE: March 12, 2008

TIME: 1:00-2:30

LOCATION: Utah Department of Health, Room 201

CU Staff: Sabrina Morales, Comunidades Unidas & MHN

CU Staff- MHN Project Coordinator: Isabel Rojas, Comunidades Unidas & MHN

Committee Chair: Kevin McCulley

Facilitator: Kevin McCulley, *Association for Utah Community Health*

Attending:

Kevin McCulley(AUCH)

Sabrina Morales(CU/MHN)

Isabel Rojas (CU/MHN)

Terry Haven (KIDS Count Coord. Voices for UT Children)

Jeff Black (Health Access Project)

Johnelle Lamarque (UDOH Tobacco Control)

Leanna VanKeuren (IWIC)

Guests: Betty Sawyer (Harambee), Ed Napia (IWIC), Joyce Ah You(Pacific Islander Community)

Excused: Marianne Frazier (U of U Nursing)

Attached Documents:

Collecting Adequate Data On Racial And Ethnic Disparities In Health: The Challenges Continue. Linda T. Bilheimer and Jane E. Sisk. *Health Affairs*, 27, no. 2 (2008): 383-391.

Data limitations continue to pose challenges for efforts to identify racial and ethnic disparities in health and health care and analyze the underlying causes. Given budget constraints, the most feasible federal strategies to improve national data are those requiring only modest expenditures. Collaborations among private and public stakeholders hold promise for improving estimation methods and assessing disparities among small populations.

Disparities In Physician Care: Experiences And Perceptions Of A Multi-Ethnic America

Robert J. Blendon et. al. *Health Affairs*, 27, no. 2 (2008): 507-517.

This 2007 Harvard School of Public Health/Robert Wood Johnson Foundation survey of 4,334 randomly selected U.S. adults compared perceptions of the quality of physician care among fourteen racial and ethnic groups with those of whites. On each measure examined, at least five and as many as eleven subgroups perceived their care to be significantly worse than care for whites. In many instances, subgroups were at least fifteen percentage points more negative than whites. This was true for Central/South Americans, Chinese Americans, and Korean Americans on five of seven measures. Many of the differences remained after socioeconomic characteristics and language skills were controlled for.

Evaluating Interventions To Reduce Health Care Disparities: An RWJF Program

Amy E. Schlotthauer et. al. *Health Affairs*, 27, no. 2 (2008): 568-573.

The Robert Wood Johnson Foundation's Finding Answers: Disparities Research for Change program funds evaluation of interventions to reduce racial and ethnic disparities in cardiovascular disease, depression, and diabetes. Of the 177 applications received in 2006, the most prevalent proposed interventions were patient or provider education (57 percent), community health workers (25 percent), case management (24 percent), integrated health care (24 percent), and cultural modification (24 percent). Policy interventions, including pay-for-performance (P4P) incentives, were lacking. The eleven grantees target patients, providers, patient-provider communication, health care organizations, and communities in innovative ways. We identify important future research questions.

Racial and Ethnic Health Disparities and the HHS Office for Civil Rights

Presentation by CO Hospital Association, Utah Hospital Association, and Region VIII Office of Civil Rights

This is the first in a series of webinars produced by the CHA and the Region VIII Office of Civil Rights. It investigates the intersection of health disparities and discrimination, and details a process by which these two issues can be untangled.

Racial and Ethnic Disparities in Access to and Quality of Health Care

Jose Escarce, MD. September 2007. Robert Wood Johnson Foundation Synthesis Project Number 12.

This Synthesis Report takes a critical look at the research evidence on racial and ethnic disparities in health care. The Synthesis assesses whether racial and ethnic disparities in access remain after adjusting for factors such as insurance and socioeconomic status and also sheds light on the contributions of these factors to the observed disparities. The Synthesis focuses on two key dimensions of health care—access and quality—and on the three racial and ethnic groups for which a body of research has accumulated—non-Hispanic whites, non-Hispanic blacks and Hispanics. What is the size of racial and ethnic disparities in *access to care*, and to what extent are these disparities explained by factors other than race? What is the size of racial and ethnic disparities in *quality and appropriateness of health care*, and to what extent are these disparities explained by factors other than race?

Meeting Discussion Topics

1. **Self Sufficiency Minigrants** – Included in this opportunity is the possibility for funding for the placement of Eligibility Workers. Ed indicated that IWIC may be interested in an onsite eligibility worker, and Sabrina suggested contacting John (?) at DWS about identifying a person to come to the IWIC. Jeff mentioned that HAP already does this with other agencies, and may be able to send an eligibility specialist to IWIC weekly. **(Jeff follow up with IWIC)**

Sabrina mentioned that CU has a person that comes by each week to assist with eligibility issues.

IWIC would also like to include some education for the tribes in regard to this issue. One part of it will be how the each funded agency wants to address this issue, such as door-to-door outreach vs. a community forum.

The pilot money is for a one-year period. A suggestion was made for the Data Committee to assist in the development of a standardized reporting form that will allow for common reporting of the project outcomes. **(Action Item – Kevin work with Sabrina to develop standardized form, and present to group)**

There was interest by the group to find out the levels of underrepresentation in public programs by diverse populations in the state. In other words, the proportion of eligible vs. enrolled **(Action Item)**

2. **Research Update**-Kevin provided an overview of recently released data and research regarding health disparities. Several members were interested in the full text versions of the papers, so these have been attached to this document. As members are reading these articles, they should be seeking to understand how these issues apply to the work being done by the Data Committee and other groups in Utah.

Kevin provided an overview of the recent webinar produced by the UHA, CHA, and Region VIII Office of Civil Rights. It detailed the intersection of health disparities, discrimination, and civil rights. The presentation is attached. Future presentations are as follows: June 10 (Limited English Proficiency), September 9 (HIPAA and Use of Interpreters), and December 9 (Cultural Competency), and are 1 hour. You can contact Jill Vicory (jill@uha-utah.org) for additional details and to sign up.

The Utah Hospital Association (UHA) has expressed interest in working with the MHN Data Committee on issues of health disparity reduction, so we will keep in contact about opportunities. The UHA is also interested in getting more feedback from diverse communities in regard to improving service to these groups. **(Action Item – Include questions about hospital care in community forums)**

A related issue is a lack of awareness by providers as to the availability of free interpretation services for Medicaid patients. Another concern may be a lack of willingness by providers to take advantage of this service due to some concern that they may “open the floodgates” to a number of LEP patients seeking care.

3. MHN Steering Committee

Isabel provided a description of the formation of the Steering Committee, which has 17 members that represent both the MHN and the major racial/ethnic groups in the state (including refugees). This Committee is one of the primary methods by which MHN will be able to get feedback from diverse communities, and was developed as a result of a minigrant process that CMH oversaw. One of the requirements was to appoint a representative of the community, and other Committee members were nominated and voted in by the MHN membership.

The first meeting of the Steering Committee was last month, during which an overview of the MHN, CMH, and Ethnic Health Advisory Committee was provided to the new team. The next meeting of the Steering Committee will be March 27th, at 5:00 at UDOH. **(Question – Are general committee members allowed to participate, if so give RSVP info and room number)**

Each of the MHN Committees will have the opportunity to present a statement of needs or resources that will be required to fulfill committee responsibilities. It will also be an opportunity for the MHN Committees to educate the Steering Committee as to what type of guidance is needed from this oversight group.

4. Questions for the Steering Committee

What is needed to begin to develop a statewide standardized race/ethnicity data collection process, so that all public entities collect and report data the same way?

Would the Steering Committee be able to assist with the development of standardized categories? This would entail a review of existing data collection strategies and some review of the development of the House Bill 9 core data set.

There is some lack of needs assessment of minority communities. Has this impacted the number or types of grants that can be applied for? What are some specific examples of situations where data was needed about minority communities but was not available?

What are some identified community needs that have not been provided grant funding to address? Are there conditions unique to Utah that is not reflected in National/Federal grant opportunities? Do available grant opportunities appropriately target the primary needs that exist in communities in Utah?

What should be done about the challenges in using state data that may not appropriately represent minority populations in the state? Since most state surveys are land-line only, what can we do to reach those in cell-phone only or no phone at all groups?

If we had the opportunity to present a module to the Utah Health Surveys Committee for inclusion in the Healthcare Access Survey (Formerly the Health Status Survey), what would it include?

Feedback from Ethnic Tobacco Network Leaders at meeting

One role of the Data Committee could be to store and analyze the various data sources that already exist. This could include not only UDOH data, but data from Public Safety, Workforce Services, Schools, etc.

The Data Committee could aggregate all public data sources that use race/ethnicity and begin to determine what the normal practices are for state/public agencies. The first step would be to identify the resources, maybe conduct a few key informant interviews, and then determine how the data is collected. A goal of this effort would be to standardize data collection across all public agencies, not just health related.

There may be a role for the Data Committee to identify and share both best and promising practices that may be useful to diverse communities. Ed indicated that AI/NA groups could benefit from this.

Betty agreed that a resource mapping project may be helpful that identifies the collection of racial data by public entities. We should determine what is collected, how often it is collected, and how it is collected. Her group worked with the SHARP survey coordinators to include more racial and ethnic-based questions.

This may be a good project for students. **(Action Item – Follow up with Betty and Marianne to determine the scope of a project of this nature)** We should consider all the resources at all the schools in the area, as many may have resources to contribute.

A key element to success is in using the smallest possible population groups. The Ethnic Tobacco Network groups have become more interested in addressing other issues beyond tobacco, and already have a well established presence within their respective communities. There is an interest in general health awareness and in bringing the leaders together. **(Action Item – Follow up with Johnelle about this issue)**

Action Item – Look at methodology of Navajo Nation BRFSS that uses door-to-door data collection.

Next Meeting

DATE: May 14, 2008

TIME: 1:00-2:30

LOCATION: Utah Department of Health, Room 201